



RIGHT TO  
INFORMATION

**తెలంగాణ రాజ పత్రము**  
**RULES SUPPLEMENT TO PART-I**  
**EXTRAORDINARY**  
**OF**  
**THE TELANGANA GAZETTE**  
**PUBLISHED BY AUTHORITY**

No. 4]

HYDERABAD, MONDAY, AUGUST 25, 2014.

**NOTIFICATIONS BY GOVERNMENT**

**SCHEDULED CASTES DEVELOPMENT DEPARTMENT**

(POA.A2)

THE ANDHRA PRADESH RE-ORGANISATION ACT, 2014 - THE ANDHRA PRADESH (SCHEDULED CASTES, SCHEDULED TRIBES AND BACKWARD CLASSES) REGULATION OF ISSUE OF COMMUNITY CERTIFICATES ACT, 1993, (ACT NO. 16 OF 1993) AND THE ANDHRA PRADESH (SCHEDULED CASTES, SCHEDULED TRIBES AND BACKWARD CLASSES) ISSUE OF COMMUNITY, NATIVITY AND DATE OF BIRTH CERTIFICATE RULES, 1997 - ADAPTATION IN THE STATE OF TELANGANA AND AMENDMENTS TO THE SAID ACT, AND RULES.

*[G.O.Ms.No. 5, Scheduled Castes Development (POA.A2), 8<sup>th</sup> August, 2014.]*

Whereas, by Section 101 of the Andhra Pradesh Re-organisation Act, 2014 (Central Act No. 6 of 2014), the appropriate Government i.e., the State of Telangana is empowered by order, to make such adaptations and modifications of any law (as defined in section 2(f) of the Act), made before 02-06-2014, whether by way of repeal or amendment as may be necessary or expedient, for the purpose of facilitating the application of such law in the State of Telangana before expiration of two years from 02-06-2014, and thereupon every such law shall have effect subject to the adaptations and modifications so made until altered, repealed or amended by a competent Legislature or other Competent Authority;

2. And whereas, it has become necessary to adapt the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993 (Act No. 16 of 1993), and the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) issue of Community, Nativity and Date of Birth Certificate Rules, 1997 with certain amendments for the purpose of facilitating their application in relation to the State of Telangana;

3. Now, therefore, in exercise of the powers conferred by Section 101 of the Andhra Pradesh Re-organisation Act, 2014 (Central Act.No.6 of 2014), the Government of Telangana hereby makes the following order, namely:-

1(a) This order may be called the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993 (Act No. 16 of 1993); (Telangana Adaptation) Order, 2014.

Short title and Commencement

(b) It shall be deemed to have come into force with effect from 02.06.2014.

2. In this Order, the law i.e. the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993 (Act No. 16 of 1993), being adapted in this order shall have the same meaning as defined in Section 2(f) of the Andhra Pradesh Reorganisation Act, 2014.

Adoption of Act, 16 of 1993 and Rules made thereunder

3. In Act, No. 16 of 1993 viz., Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of issue of Community Certificates Act, 1993.

Substitution of certain words

(a) for the words "Andhra Pradesh", the word "Telangana State" shall be substituted.

(b) for the words "Legislative Assembly" the word "Legislature" shall be substituted.

4.(1) As from the appointed day, the Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) issue of Community, Nativity and Date of Birth Certificate Rules, 1997 mentioned in the Schedule to this Order, shall, until altered, repealed or amended by a competent Legislature or other competent authority, have effect subject to the adaptations and modifications directed by that Schedule.

Effect of adopted Act, and Rules made thereunder.

(2) For the purpose of this Order, and the Act, Rules and Regulations adapted herein the expression "the State" shall have the meaning and area as specified in Section 3 of the A.P. Re-organisation Act, 2014.

**SCHEDULE**  
**[See Paragraph(4)]**  
**REGULATIONS**

5. (1) The Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Issue of Community, Nativity and Date of Birth Certificate Rules, 1997.

Schedule appended to the order

Throughout the order issued in G.O.Ms.No.58, Social Welfare (J) Department, dated: 12-05-1997 as amended from time to time and in the Regulations,

For the words "Andhra Pradesh", the word "Telangana State" shall be substituted.

For the words " Social Welfare". the words "Scheduled Castes Development" shall be substituted.

The Composition of the Scrutiny and Review Committee mentioned at Clause (a) of rule 7 of the said Rules and amended vide G.O.Ms.No. 65, Social Welfare (CV.2) Department, dated : 17-08-2004 shall be substituted with the following:

- (a) (1) Principal Secretary / Secretary to Government -- Chairman  
Scheduled Castes Development Department

- |     |   |    |                   |
|-----|---|----|-------------------|
| (2) | Principal Secretary / Secretary to Government<br>Tribal Welfare Department.                                     | -- | Member            |
| (3) | Principal Secretary / Secretary to Government<br>B.C.Welfare Department   | -- | Member            |
| (4) | Commissioner / Director of Scheduled Castes Development   | -- | Member            |
| (5) | Commissioner / Director, Tribal Welfare   | -- | Member            |
| (6) | Commissioner / Director, Welfare of Backward Classes  | -- | Member            |
| (7) | Inspector / Deputy Inspector General of Police,<br>C.B.C.I.D.(P.C.R. & Vigilance Cell)                          | -- | Member            |
| (8) | Additional Secretary/Joint Secretary/ Deputy Secretary<br>to Government,Scheduled Castes Development Department | -- | Member (Convener) |
- (2) The Composition of the Scrutiny and Review Committee mentioned at Clause (a) of rule 8 of the said Rules shall be substituted with the following :
- |     |  |    |                   |
|-----|--|----|-------------------|
| (1) | Joint Collector  | -- | Chairman          |
| (2) | District Revenue Officer   | -- | Member (Convener) |
| (3) | Deputy Director, Scheduled Castes Development  | -- | Member            |
|     | Deputy Director (Tribal Welfare)/<br>District Tribal Welfare Officer   | -- | Member            |
|     | Deputy Director<br>(Backward Classes Welfare /District<br>Backward Classes Welfare Officer)  | -- | Member            |
| (4) | Officer of the Research Organization<br>in the Commissionerate of Scheduled Castes /<br>Tribal Welfare nominated by the concerned<br>Heads of the Departments. | -- | Member            |
| (5) | Officer representing the Protection of Civil Rights /<br>Vigilance Cell in the District  | -- | Member            |

For the "Annexure - I", the "Annexure-I" appended to this Order shall be substituted.

For the "Annexure - II", the "Annexure-II" appended to this Order shall be substituted.

For the "Form-I", the "Form-I A and Form-I B" appended to this order shall be substituted.

For the "Form-II", the "Form-II A and Form-II B" appended to this order shall be substituted.

For the "Form-III", the "Form-III A and Form-III B" appended to this order shall be substituted.

For the "Form-IV", the "Form-IV A and Form-IV B" appended to this order shall be substituted.

For the "Form-VI", the "Form-VI A and Form-VI B" appended to this order shall be substituted.

- (3) The Andhra Pradesh (Scheduled Castes, Scheduled Tribes and Backward Classes) Issue of Community, Nativity and Date of Birth Certificate Rules, 1997.



Throughout the order issued in G.O.Ms.No.65, Social Welfare (CV.2) Department, dated: 17-08-2004 and G.O.Ms.No. 5, Social Welfare (CV.1) Dept., dated : 05-03-2012 as amended from time to time and in the Regulations,

For the words "Andhra Pradesh", the word "Telangana State" shall be substituted.

For the words "Social Welfare", the words "Scheduled Castes Development" shall be substituted.

#### **ANNEXURE-I**

Government hereby notify that the authorities mentioned below in column (2) of the Table within their territorial jurisdiction as "Competent Authorities" for issue of Community Certificate, Nativity Certificate and Date of Birth Certificate declaring the persons as belonging either to Scheduled Castes/Scheduled Tribes as per notification of the Government of India and to Backward Classes in accordance with the notification of the Government of Telangana State, issued from time to time.

Column 1	Column 2	Column 3
Specified Community	Competent Authorities	Jurisdiction
1. <b>BC Group :-</b> A/B/C/D. All communities referred by the Govt., of Telangana State belonging to Backward Classes A/B/C/D Groups.	All M.R.Os in the State not below the rank of a Deputy Tahsildar.	Within the territorial Jurisdiction of Mandal
2. <b>Scheduled Castes</b>	All M.R.Os in the State not below the rank of a Deputy Tahsildar.	Within the territorial Jurisdiction of a Mandal
1. Adi Andhra		
2. Adi Dravida		
3. Arundhatiya		
4. Dom, Dombara, Paidi, Pano		
5. Madiga		
6. Mala		
7. Mala Dasari		
8. Mala Dasu		
9. Mala Sale, Netkani		
10. Manne		
11. Panchama, Pariah		
12. Relli		
3. <b>Scheduled Castes</b>	All Revenue Officials not below the rank of a RDO/ Sub-Collector / or Assistant Collector in the State.	Territorial jurisdiction of a Revenue Division held by RDO / Sub-Collector / Assistant Collector
1. Anamuk		
2. Aray Mala		
3. Arwa Mala		
4. Bavuri		
5. Beda Jangam, Budga Jangam		
6. Bindla		
7. Byagara		
8. Chanchati		
9. Chalavadi		
10. Chamar, Mochi, Muchi		
11. Chambhar		
12. Chandala		
13. Dakkal, Dokkalwar		
14. Dandasi		

Column 1 Specified Community	Column 2 Competent Authorities	Column 3 Jurisdiction
	15. Dhor 16. Ellamalawar, Yellammalawandlu 17. Ghasi, Haddi, Relli Chachandi 18. Godagali 19. Godari 20. Gosangi 21. Holeya 22. Holeya Dasari 23. Jaggali 24. Jambuvulu 25. Kolupulvandlu 26. Madasi Kuruva, Madari Kuruva 27. Madiga Dasu, Mashteen 28. Mahar 29. Malan Hannai 30. Mala Jangam 31. Mala Masti 32. Mala Sanyasi 33. Mang 34. Mang Garodi 35. Mashti 36. Matangi 37. Mehtar 38. Mitha Ayyalvar 39. Mundala 40. Paky, Moti, Thoti 41. Pambada, Pambanda 42. Pamidi 43. Samagara 44. Samban 45. Sapru 46. Sindholu, Chindolu	
4. Scheduled caste Bariki	District Collector	Within the territorial Jurisdiction of a District.
5. Scheduled Tribes Community	All M.R.Os in the State of Telangana not below the rank of a Deputy Tahsildar. 1. Andh 2. Bagata 3. Bhil 4. Chenchu, Chenchwar 5. Gadabas 6. Gond, Naikpod, Rajgond 7. Jatapus 8. Kattunayakan 9. Kolam, Mannervaru 10. Kondhs, Kodi, Kodhu, Desaya, Kondhs, Dongria	Within the territorial jurisdiction of a Mandal

- Knodhs, Kuttiya,  
Kondhs,  
Yenity Kondhs.
11. Koya; Goud, Rajah, Rasha  
Koya, Lingadhari Koya  
(ordinary) Kottu Koya, Bhine  
Koya, Rajkoya.
  12. Malis (excluding Adilabad,  
Hyderabad, Karimnagar,  
Khammam, Mahabubnagar,  
Medak, Nalgonda,  
Nizamabad and Warangal  
Districts)
  13. Mukha Dhora, Nooka Dhora
  14. Pardhan
  15. Porja, Parangiperja
  16. Rona, Rena
  17. Savaras, Kapu Savaras,  
Maliya Savaras, Khutto  
Savaras,
  18. Sugalis, Lambadis
  19. Kulia
  20. Yenadis
  21. Yerukulas

**6. Scheduled Tribes  
Community**

All Revenue Officials not below  
the rank of a RDO/Sub-Collector/  
or Assistant Collector in the State.

Territorial jurisdiction of  
a Revenue Division held  
by RDO / Sub-Collector /  
Assistant Collector.

1. Konda Kapus
2. Kondareddis
3. Hill Reddis
4. Goudu (in the  
Agency tracts),
5. Kammara
6. Kotia, Benthoriya,  
Bartika, Dhulia,  
Dulia, Holva, Paliko,  
Putiya, Sanrona,  
Sidhopaiko
7. Redi Dhoras
8. Konda Dhoras
9. Thoti (in Adilabad,  
Hyderabad, Karimnagar,  
Khammam, Mahabubnagar,  
Medak, Nalgonda, Nizamabad  
and Warangal Districts)
10. Nayaks (in the Agency tracts)
11. Valmiki (in the Agency tracts)
12. Manna Dhora

**ANNEXURE-II****Details of Forms:**

Form I A and B	:	Application for issue of Community and Date of Birth Certificate and Nativity Certificate for Schedule Tribes.
Form II A and B	:	Application for issue of Community and Date of Birth Certificate and Nativity Certificate for Scheduled Castes and Backward Classes.
Form III A and B	:	Forms for Community and Date of Birth Certificate and Nativity Certificate.
Form IV A and B	:	Notices to the applicant for verification issued by the Competent Authority.
Form V	:	Notices applicant for verification issued by the District Level Scrutiny Committee (Doubtful claims).
Form VI A and B	:	Notices to the applicant for verification issued by the District Level Scrutiny Committee (Fraudulent claims).

**FORM-I A****(Rule-5)****Form of Application for issue of Community and Date of Birth Certificate relating to Scheduled Tribes under Section 3 (1) and 3 (2) of the Act 16 of 1993**

(Information to be furnished by the applicant himself supported by the documentary evidence)

To

The Mandal Revenue Officer /

Revenue Divisional Officer /

Sub-Collector, Asst. Collector

----- Mandal / Division.

----- District.

Sir,

I am in need of a Scheduled Tribe Community and Date of Birth Certificate for me / for my son/ daughter for which the details are given below:

1. Name of the Applicant in full (In Block letters) ::
2. Sex of the applicant ::
3. a) Father's name ::  
b) Mothers name ::
4. Present postal address ::
5. Place of permanent residence of the certificate seeker / his father / paternal grand father, as on the date of the first notification declaring the community as a Scheduled Tribe, to which the certificate seeker claims to belong. ::
6. Age, date of birth and place of birth (If date is not known approximate year birth). ::
7. Place of ordinary residence (documents relating to house/land or other immovable property or birth registration certificate or ration card or school records may be furnished) ::
8. If the applicant has been issued a community certificate in the past by any authority, a copy of such certificate should be furnished ::
9. Community for which certificate is claimed (Including sub-tribe or sub-group) ::
10. a) Community of the father (Including sub-tribe or sub-group)  
b) Community of the mother (Including sub-tribe or sub group)
11. Whether the applicant is  
a) a natural born son or daughter of his/her parents.  
OR  
b) adopted son/daughter of his/her parents
12. Aadhar Card No.
13. Household Survey No.



**DECLARATION**

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information documents under Section 10 of the Act No. 16 of 1993.

STATION:

Signature of the applicant

DATED :

Signature of the Parent/Guardian

**ACKNOWLEDGEMENT SLIP**

Received an application for issue of Community and Date of Birth Certificate relating to Scheduled Tribe in Form I A, from \_\_\_\_\_ (name of the applicant / parent / guardian) belonging to \_\_\_\_\_ Village/town \_\_\_\_\_ Mandal, \_\_\_\_\_ District on \_\_\_\_\_ (date).

Name of the Office

Date:

Signature of the Officer authorised  
by the Competent Authority  
(Name in capital letters)  
and designation. (affix seal)

**FORM-I B****(Rule-5)****Form of Application for issue of Nativity Certificate relating to Scheduled Tribes under Section 3 (1) and 3 (2) of the Act 16 of 1993.**

(Information to be furnished by the applicant himself supported by the documentary evidence)

To

The Mandal Revenue Officer /

Revenue Divisional Officer /

Sub-Collector, Asst. Collector

----- Mandal / Division.

----- District.

Sir,

I am in need of a Scheduled Tribe Nativity Certificate for me / for my son/daughter for which the details are given below:

1. Name of the Applicant in full (In Block letters) ::
2. Sex of the applicant ::
3. a) Father's name ::  
b) Mothers name ::
4. Present postal address ::
5. Place of permanent residence of the certificate seeker / his father / paternal grand father, as on the date of the first notification declaring the community as a Scheduled Tribe, to which the certificate seeker claims to belong. ::
6. Age, date of birth and place of birth (If date is not known approximate year birth). ::
7. Place of ordinary residence (documents relating to house/land or other immovable property or birth registration certificate or ration card or school records may be furnished) ::
8. If the applicant has been issued a community certificate in the past by any authority, a copy of such certificate should be furnished ::
9. Community for which certificate is claimed (including sub-tribe or sub-group) ::
10. a) Community of the father (including sub-tribe or sub-group)  
b) Community of the mother (including sub-tribe or sub-group)
11. Whether the applicant is  
a) a natural born son or daughter of his/her parents.  
OR  
b) adopted son/daughter of his/her parents
12. Aadhar Card No.
13. Household Survey No.

**DECLARATION**

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information documents under Section 10 of the Act No. 16 of 1993.

STATION:

Signature of the applicant

DATED :

Signature of the Parent/Guardian

**ACKNOWLEDGEMENT SLIP**

Received an application for issue of Community Nativity Certificate relating to Scheduled Tribe in Form I B, from \_\_\_\_\_ (name of the applicant / parent / guardian) belonging to \_\_\_\_\_ Village/town \_\_\_\_\_ Mandal, \_\_\_\_\_ District on \_\_\_\_\_ (date).

Name of the Office  
Date:

Signature of the Officer authorised  
by the Competent Authority  
(Name in capital letters)  
and designation. (affix seal)

**FORM-H A**

**FORM OF APPLICATION FOR ISSUE OF COMMUNITY AND DATE OF BIRTH CERTIFICATE  
RELATING TO SCHEDULED CASTES / BACKWARD CLASSES UNDER SECTION 3 (1)  
OF ACT 16 OF 1993**

(Information to be furnished by the applicant himself supported by the documentary evidence)

To  
The Mandal Revenue Officer /  
Revenue Divisional Officer /  
Sub-Collector, Asst. Collector  
----- Mandal / Division.  
----- District.

Sir,

I am in need of a Scheduled Castes/Backward Classes Community and Date of Birth Certificate for me / for my son/daughter for which the details are given below:

1. Name of the Applicant in full (In Block letters) ::
2. Sex of the applicant ::
3. a) Father's name ::  
b) Mothers name ::
4. Present postal address ::
5. Permanent Place of Residence ::
6. Age, date of birth and place of birth (If date is not known approximate year birth). ::
7. Place of ordinary residence (documents relating to house/land or other immovable property or birth registration certificate or ration card or school records may be furnished) ::
8. If the applicant has been issued a community certificate in the past by any authority, a copy of such certificate should be furnished ::
9. Community for which certificate is claimed (Including the sub-caste) ::
10. a) Caste of the father  
b) Caste of the mother
11. Religion professed by the applicant
12. a) Religion professed by the father of the applicant  
b) Religion professed by the mother of the applicant
13. Whether the applicant is  
a) A natural born son or daughter of his/her parents  
OR  
b) Adopted son/daughter of his /her parents
14. Aadhar Card No.
15. Household Survey No.



**DECLARATION**

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information documents under Section 10 of the Act No. 16 of 1993.

STATION:

Signature of the applicant

DATED :

Signature of the Parent/Guardian

**ACKNOWLEDGEMENT SLIP**

Received an application for issue of Community and Date of Birth Certificate relating to Scheduled Caste/Backward Class in Form II A, from \_\_\_\_\_ (name of the applicant / parent / guardian) belonging to \_\_\_\_\_ Village/Town \_\_\_\_\_ Mandal, \_\_\_\_\_ District on \_\_\_\_\_ (date).

Name of the Office

Date:

Signature of the Officer authorised  
by the Competent Authority  
(Name in capital letters)  
and designation. (affix seal)

**FORM-II B**

**FORM OF APPLICATION FOR ISSUE OF NATIVITY CERTIFICATE RELATING TO SCHEDULED CASTES/BACKWARD CLASSES UNDER SECTION 3 (1) OF ACT 16 OF 1993.**

(Information to be furnished by the applicant himself supported by documentary evidence)

To

The Mandal Revenue Officer,  
Revenue Divisional Officer,  
Sub-Collector, Asst. Collector  
District Collector

----- Mandal / Division.

----- District.

Sir,

I am in need of a Scheduled Castes/Backward Classes Nativity Certificate for me / for my son/daughter for which the details are given below:

1. Name of the Applicant in full (In Block letters) ::
2. Sex of the applicant ::
3. a) Father's name ::  
b) Mothers name ::
4. Present postal address ::
5. Permanent Place of Residence ::
6. Age, date of birth and place of birth (If date is not known, approximate year of birth). ::
7. Place of ordinary residence (documents relating to house/land or other immovable property or birth registration certificate or ration card or school records may be furnished) ::

8. If the applicant has been issued a community certificate in the past by any authority, a copy of such certificate should be furnished ::
9. Community for which certificate is claimed (Including the sub-caste) ::
10. a) Caste (Including the sub-caste) of the father  
b) Caste (Including the sub-caste) of the mother
11. Religion professed by the applicant
12. a) Religion professed by the father of the applicant  
b) Religion professed by the mother of the applicant
13. Whether the applicant is  
a) A natural born son or daughter of his/her parents  
OR  
b) Adopted son/daughter of his /her parents
14. Aadhar Card No.
15. Household Survey No.

**DECLARATION**

I/We declare that the information furnished by me/us in the application is true and correct, and the documents appended thereto are genuine and the contents of the documents are true and correct and that if these are found to be untrue and incorrect, I/We will be liable for prosecution for furnishing false and incorrect information/documents under Section 10 of the Act No. 16 of 1993.

STATION:

Signature of the applicant

DATED :

Signature of the Parent/Guardian

**ACKNOWLEDGEMENT SLIP**

Received an application for issue of Nativity Certificate relating to Scheduled Caste/Backward Class in Form II B, from \_\_\_\_\_ (name of the applicant / parent / guardian) belonging to \_\_\_\_\_ Village/Town \_\_\_\_\_ Mandal, \_\_\_\_\_ District on \_\_\_\_\_ (date).

Name of the Office  
Date:

Signature of the Officer authorised  
by the Competent Authority  
(Name in capital letters)  
and designation. (affix seal)

**FORM III A**

Serial No.

S.C

S.T

B.C.

Certificate No:

Emblem

District Code :

Mandal Code :

Village Code :

**COMMUNITY AND DATE OF BIRTH CERTIFICATE**

1) This is to certify that Sri / Smt / Kum \_\_\_\_\_ Son./ daughter  
 of Sri \_\_\_\_\_ of \_\_\_\_\_ Village  
 /Town \_\_\_\_\_ Mandal \_\_\_\_\_ District \_\_\_\_\_  
 \_\_\_\_\_ of Telangana State belongs to \_\_\_\_\_ Community which is recognised as S.C/  
 S.T./B.C under:

The Constitution (Scheduled Castes) Order, 1950.

The Constitution (Scheduled Tribes) Order, 1950.

G.O.Ms.No. 1793, Education, dated 25-09-1970 as amended from time to time (BCs) S.Cs., S.Ts.  
 list (Modification) Order, 1956, S.Cs and S.Ts. (Amendment) Act, 1976.

2) It is certified that the date of birth of Sri/ Smt / Kum \_\_\_\_\_ is  
 Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ (in words) as per the declaration  
 given by his / her father/mother / guardian and as entered in the school records where he /she studied.

(Seal)

Signature:

Date :

Name in Capital Letters:

Designation:

Explanatory Note : :

While mentioning the community, the Competent Authority must mention the sub-caste  
 (in case of Scheduled Castes) and sub-tribe or sub-group (in case of Scheduled Tribes)  
 as listed out in the S.Cs., and S.Ts., (Amendment) Act, 1976.

**FORM III B**

Serial No.

S.C

District Code :

S.T.

Emblem

Mandal Code :

B.C.

Village Code :

Certificate No:

**NATIVITY CERTIFICATE**

This is to certify that the place of birth of Sri / Smt. / Kum. \_\_\_\_\_ Son /  
daughter of Sri \_\_\_\_\_ is \_\_\_\_\_ Village  
Town \_\_\_\_\_ Mandal \_\_\_\_\_ District of Telangana State.

2) It is certified that Sri/Smt./Kum. \_\_\_\_\_ is a native  
of \_\_\_\_\_ Village/Town \_\_\_\_\_ Mandal  
\_\_\_\_\_ District of Telangana State.

(Seal)

Signature:

Date :

Name in Capital Letters:

Designation:

**FORM-IV A****NOTICE TO THE APPLICANT**

To

Sri/Smt./Kum. \_\_\_\_\_ Village \_\_\_\_\_ Mandal \_\_\_\_\_

\_\_\_\_\_ District, whereas an application has been  
made by \_\_\_\_\_ (Name of the certificate seeker) S/o, D/o,

W/o. \_\_\_\_\_ (Name of the father/husband) for the

issue of Community and Date of Birth Certificate under Section 3(1)/Sec. 3(2) of the AP (Scheduled Castes, Scheduled  
Tribes and Backward Classes) Regulation of Issue of Community Certificates Act, 1993. Notice is hereby given that

an enquiry will be made about the community claim of the above mentioned applicant by the undersigned  
at \_\_\_\_\_ (time) on \_\_\_\_\_ (date) of \_\_\_\_\_ (month)

(year) at \_\_\_\_\_ (place). He/She shall appear without fail at the said place on the said date and said  
time to substantiate his or her Community and Date of Birth claim, with oral and documentary evidence, failing  
which the Competent Authority will confirm or reject the Community and Date of Birth claim of the applicant based  
on the documents/evidence furnished by the applicant in Form I A and B and II A and B to the Competent Authority  
and the material/evidence gathered by the Competent Authority in this case. He/She may bring his/her parents to  
assist him/her in the enquiry.

Place:

Signature and designation of  
Competent Authority.

Date :

(Seal)



**FORM-IV B****NOTICE TO THE APPLICANT**

To

Sri/Smt./Kum. \_\_\_\_\_ Village \_\_\_\_\_ Mandal \_\_\_\_\_

\_\_\_\_\_ District, whereas an application has been made by \_\_\_\_\_ (Name of the certificate seeker) S/o, D/o, W/o. \_\_\_\_\_ (Name of the father/husband) for the issue of Nativity Certificate under Section 3(1)/Sec. 3(2) of the AP (Scheduled Castes, Scheduled Tribes and Backward Classes) Regulation of Issue of Community Certificates Act, 1993. Notice is hereby given that an enquiry will be made about the community claim of the above mentioned applicant by the undersigned at \_\_\_\_\_ (time) on \_\_\_\_\_ (date) of \_\_\_\_\_ (month) \_\_\_\_\_ (year) at \_\_\_\_\_ (place). He/She shall appear without fail at the said place on the said date and said time to substantiate his or her Nativity claim, with oral and documentary evidence, failing which the Competent Authority will confirm or reject the Community and Date of Birth claim of the applicant based on the documents/evidence furnished by the applicant in Form I A and B and II A and B to the Competent Authority and the material/evidence gathered by the Competent Authority in this case. He/She may bring his/her parents to assist him/her in the enquiry.

Place:

Signature and designation of  
Competent Authority.  
(Seal)

Date :

**FORM- V****NOTICE TO THE APPLICANT**

To

Sri/Smt./Kum. \_\_\_\_\_ Village \_\_\_\_\_ Mandal \_\_\_\_\_

\_\_\_\_\_ District, Whereas a reference has been received by the Scrutiny Committee from the Competent Authority (specify the authority) regarding doubts about your community claim that you belong to SC/ST/BC community. The Committee now therefore directs you to attend the enquiry regarding your community claim on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at \_\_\_\_\_ (place) without fail. You are required to furnish all the documentary evidence in support of your community claim on the said date failing which the Scrutiny Committee will finalise its recommendations based on the material/documents/evidence made available to the Committee by the Competent Authority. You may bring your parents/guardian to assist you in the enquiry.

Date :

Chairman of the Scrutiny Committee  
(Joint Collector)  
(Seal)

**FORM- VI A**

To

Sri/Smt./Kum. \_\_\_\_\_ Village \_\_\_\_\_ Mandal \_\_\_\_\_ District \_\_\_\_\_

Whereas a complaint has been received by this office alleging that you have obtained ST/SC/BC Community and Date of Birth Certificate from (specify that authority who issued it) fraudulently, and whereas I have reason to believe that you obtained ST/SC/BC Certificate for yourself/for your son/daughter fraudulently even though in reality you do not belong to any Scheduled Tribe/SC/BC. Now therefore, you are hereby directed to attend enquiry regarding your Community and Date of Birth Certificate claim on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at \_\_\_\_\_ (place) without fail. You are required to furnish all the documentary evidence in support of your Community and Date of Birth Certificate claim on the said date failing which the Scrutiny Committee will finalise its recommendations based on the material/documents/evidence made available to the Committee by the District Collector. You may bring your parents/guardian to assist you in the enquiry.

Date :

Place:

Chairman of the Scrutiny Committee  
(Joint Collector)  
(Seal)

**FORM- VI B**

To

Sri/Smt./Kum. \_\_\_\_\_ Village \_\_\_\_\_ Mandal \_\_\_\_\_ District \_\_\_\_\_

Whereas a complaint has been received by this office alleging that you have obtained ST/SC/BC Nativity Certificate from (specify that authority who issued it) fraudulently, and whereas I have reason to believe that you obtained ST/SC/BC Nativity Certificate for yourself/for your son/daughter fraudulently even though in reality you do not belong to any Scheduled Tribe/SC/BC. Now therefore, you are hereby directed to attend enquiry regarding your Nativity claim on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) at \_\_\_\_\_ (place) without fail. You are required to furnish all the documentary evidence in support of your Community and Nativity claim on the said date failing which the Scrutiny Committee will finalise its recommendations based on the material/documents/evidence made available to the Committee by the District Collector. You may bring your parents/guardian to assist you in the enquiry.

Date :

Place:

Chairman of the Scrutiny Committee  
(Joint Collector)  
(Seal)